



April 7, 2004

Former Warwick physician is barred from Medicare and Medicaid

Michael Judge “upcoded” reimbursement claims

Michael Judge, an osteopathic physician who practiced in Warwick, has been permanently barred from future involvement in Medicare and Medicaid – and any other federally financed program – because he “upcoded” reimbursement claims submitted to Medicare and Medicaid. To settle a civil complaint brought by the United States and the State of Rhode Island, Judge has also paid the federal government \$45,000.

The Office of the United States Attorney and Rhode Island Attorney General Patrick Lynch jointly announced a settlement that was reached with Judge to resolve a federal civil complaint brought against him in January 2003. The complaint, which was brought under the False Claims Act, alleged that Judge upcoded reimbursement claims, inflating the level of medical care that he administered to patients and thus the amount he was reimbursed by Medicare and Medicaid.

The complaint alleged that, between January 1997 and December 2001, at least 90 % of the claims that Judge submitted for treatment rendered to patients in his office “inaccurately reflected the nature and extent of the services rendered.”

Medicare is a federally administered medical insurance program for the aged and disabled. Medicaid is a system of medical assistance for indigent persons that is administered by

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the State of Rhode Island and more than 50% financed by the federal government. Physicians submitting claims to either program categorize the nature of the treatment by a graduating series of codes – the higher the code, the more complex the treatment and thus the higher the level of reimbursement to which the physician is entitled.

The State of Rhode Island suspended Judge's license to practice medicine two years ago.

Assistant U.S. Attorney Lisa Dinerman prosecuted the False Claims Act complaint. The U.S. Department of Health and Human Services, Office of Inspector General, and the Rhode Island Attorney General's Medicaid Fraud Control Unit conducted the investigation.

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